

County: Sheboygan
MORNINGSIDE HEALTH CENTER
3431 NORTH 13TH STREET

Facility ID: 5740

Page 1

SHEBOYGAN 53083 Phone: (920) 457-5046
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 71
Total Licensed Bed Capacity (12/31/01): 72
Number of Residents on 12/31/01: 68

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 70

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No								
Supp. Home Care-Personal Care	No					1 - 4 Years			
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years			
Day Services	No	Mental Illness (Org./Psy)		65 - 74					
Respite Care	No	Mental Illness (Other)		75 - 84					
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94					
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over					
Congregate Meals	No	Cancer							
Home Delivered Meals	No	Fractures							
Other Meals	No	Cardiovascular		65 & Over					
Transportation	No	Cerebrovascular							
Referral Service	No	Diabetes		Sex					
Other Services	No	Respiratory							
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male					
Provide Day Programming for Developmentally Disabled	No			Female					

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care					
			Per Di em			Per Di em			Per Di em			Per Di em			Per Di em			Per Di em	Total Resi - dents	% Of All
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	355	39	97.5	105	0	0.0	0	26	100.0	129	0	0.0	0	0	0.0	0	67	98.5
Intermediate	---	---	---	1	2.5	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		40	100.0		0	0.0		26	100.0		0	0.0		0	0.0		68	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.9	70.6	26.5	68
Other Nursing Homes	11.4	Dressing	10.3	66.2	23.5	68
Acute Care Hospitals	86.4	Transferring	30.9	52.9	16.2	68
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	29.4	48.5	22.1	68
Rehabilitation Hospitals	0.0	Eating	67.6	22.1	10.3	68
Other Locations	2.3	*****				
Total Number of Admissions	44	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.4	Receiving Respiratory Care		5.9
Private Home/No Home Health	2.2	Occ/Freq. Incontinent of Bladder	57.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.2	Occ/Freq. Incontinent of Bowel	26.5	Receiving Suctioning		0.0
Other Nursing Homes	2.2			Receiving Ostomy Care		2.9
Acute Care Hospitals	6.5	Mobility		Receiving Tube Feeding		2.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.9	Receiving Mechanically Altered Diets		36.8
Rehabilitation Hospitals	0.0					
Other Locations	19.6	Skin Care		Other Resident Characteristics		
Deaths	54.3	With Pressure Sores	7.4	Have Advance Directives		82.4
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	46			Receiving Psychoactive Drugs		55.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	82.7	1.18	85.1	1.14	84.3	1.15	84.6	1.15
Current Residents from In-County	97.1	82.1	1.18	80.0	1.21	82.7	1.17	77.0	1.26
Admissions from In-County, Still Residing	38.6	18.6	2.07	20.9	1.85	21.6	1.79	20.8	1.86
Admissions/Average Daily Census	62.9	178.7	0.35	144.6	0.43	137.9	0.46	128.9	0.49
Discharges/Average Daily Census	65.7	179.9	0.37	144.8	0.45	139.0	0.47	130.0	0.51
Discharges To Private Residence/Average Daily Census	11.4	76.7	0.15	60.4	0.19	55.2	0.21	52.8	0.22
Residents Receiving Skilled Care	98.5	93.6	1.05	90.5	1.09	91.8	1.07	85.3	1.16
Residents Aged 65 and Older	98.5	93.4	1.06	94.7	1.04	92.5	1.07	87.5	1.13
Title 19 (Medicaid) Funded Residents	58.8	63.4	0.93	58.0	1.01	64.3	0.92	68.7	0.86
Private Pay Funded Residents	38.2	23.0	1.66	32.0	1.19	25.6	1.50	22.0	1.74
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	19.1	30.1	0.64	33.8	0.56	37.4	0.51	33.8	0.57
General Medical Service Residents	33.8	23.3	1.45	18.3	1.85	21.2	1.60	19.4	1.74
Impaired ADL (Mean)	46.2	48.6	0.95	48.1	0.96	49.6	0.93	49.3	0.94
Psychological Problems	55.9	50.3	1.11	51.0	1.10	54.1	1.03	51.9	1.08
Nursing Care Required (Mean)	7.0	6.2	1.13	6.0	1.16	6.5	1.07	7.3	0.95